



## Supplement to CCHCS/DHCS Care Guide: Gender Dysphoria

# GUIDELINES FOR REVIEW OF REQUESTS FOR GENDER AFFIRMING SURGERY

## I. CLINICAL PROCESS

In accordance with California Code of Regulations Title 15, Section 3999.200, transgender patients meeting basic prerequisite criteria as established by California Correctional Health Care Services (CCHCS) may request Gender Affirming Surgery (Surgery). Those who request Surgery shall be referred by the institution to the Statewide Medical Authorization Review Team (SMART). SMART shall forward the request to the Gender Affirming Surgery Review Committee (the Committee), a subcommittee of SMART. The Committee shall evaluate and consider possible Surgery consistent with these Guidelines.

## II. REFERRAL AND REVIEW

### A. REFERRAL

Institution providers shall refer requests for Surgery as treatment for gender dysphoria (GD) to the institution second level of review using an electronic Request for Services (eRFS). The eRFS should state that the patient is requesting evaluation for Gender Affirming Surgery or a specific surgical procedure listed in Attachment 3. Only surgical procedures approved for Surgery by CCHCS/Division of Health Care Services (DHCS) set out in Attachment 3 will be considered for approval. Written evaluations from the treating medical and mental health clinicians shall be provided.

1. The institution shall compile and submit the above information within 90 days following receipt of a documented request for Surgery, absent a showing of good cause for an extension, in which case an extension may be granted by SMART.
2. The institution shall neither recommend approval nor non-approval of the request for Surgery at the first and second institutional levels of review
3. The institution is responsible for reviewing and providing the following to SMART:
  - a. All information required by SMART for referral of the case to the Committee, including the requested medical and mental health written reports (Attachment 1a for initial referrals, and Attachment 1b for subsequent referrals).
  - b. Gender Affirming Surgery Request Checklist (Attachment 2).

### B. REVIEW

#### 1. Gender Affirming Surgery Review Committee

- a. The Committee, a subcommittee of SMART, shall review and act upon all requests for Surgery submitted by institutions.
- b. The Committee shall determine whether the patient is an appropriate candidate for Surgery from a medical and mental health perspective, following consideration of the applicable factors as set forth in section 5 below and report their recommendation to SMART.
- c. Submissions for Surgery shall be considered by the Committee in the order in which they are received, absent extenuating circumstances approved by the Chair.



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#### 2. Committee Membership and Meetings

- a. Voting members (and alternate designees) shall be appointed by the Deputy Director, Medical Services, and the Deputy Director, Statewide Mental Health Program, from among CCHCS/DHCS/California Department of Corrections and Rehabilitation (CDCR) staff:
  - 1) Four physicians from Medical Services.
  - 2) Four physicians from the Mental Health Program.
  - 3) Four psychologists from the Mental Health Program.
- b. The Committee Chair is a Deputy Medical Executive, Chief Physician and Surgeon, Chief Psychologist, or Chief Psychiatrist, appointed by the Deputy Director, Medical Services, or the Deputy Director, Statewide Mental Health Program. The Chair is a non-voting member, unless needed as a tie-breaker or to reach a quorum as noted below. In the event of a tie amongst voting members, the Chair has the option to request additional information and review the case a second time at a future committee meeting with the same voting members present from the original case presentation. The term of service for a chair and members is two years. All members are eligible for reappointment.
- c. A quorum for purposes of voting shall include at least two members from each discipline. In reaching the quorum requirement, alternate designees of a given clinical discipline may be counted towards a quorum, and the Chair may serve as a member for his or her clinical discipline, if necessary, to reach a quorum. The Chair may determine what non-voting members or participants are necessary for a full and complete discussion. The Chair may also, at his or her sole discretion, postpone any meeting in which the number of available attendees will not achieve a quorum or allow for a full discussion and review.
- d. Unless there is no business for consideration, the Committee shall meet weekly, holidays excluded.

#### 3. Non-voting Participants

CDCR DAI custody representative(s) will participate as non-voting members of the Committee. Additional non-voting participants must include the medical or mental health providers for the patient, and may include, if deemed appropriate for the discussion by the Chair:

- a. Representatives from SMART.
- b. Institution medical or mental health leadership.
- c. Warden or other institution staff.
- d. Other CCHCS or CDCR staff.



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#### 4. Committee Review Process

- a. The Committee shall review, evaluate, and discuss the information provided by the institution (and the patient, if applicable) and obtain additional information as determined necessary, prior to finalizing and reporting its findings to SMART.
- b. The following shall be considered by the Committee regarding whether or not Surgery will be recommended:
  - 1) The patient has been diagnosed with GD by a DHCS mental health provider and the diagnosis is supported with appropriate documentation and clinical justification as set forth by CCHCS policies and care guidelines.
  - 2) The efficacy of the current treatment for GD being offered and received to ameliorate the patient's GD from both a medical and mental health perspective.
  - 3) Whether other treatments besides Surgery should be considered for addition to the existing treatment regimen.
  - 4) The patient has no current mental health or medical contraindications that would preclude any further consideration of the request for Surgery until they are resolved or mitigated.
  - 5) Any known medical and/or co-existing mental health concerns have been fully assessed and have been well-controlled for at least one year; do not pose a contraindication to Surgery; and are not likely to worsen with Surgery or impede surgical recovery.
  - 6) The patient has:
    - Continuously manifested a desire to live and to be accepted as a member of the preferred sex, including the desire to make his/her body as congruent as possible with the preferred sex, for at least two years;
    - Lived full-time in his/her desired gender role for at least 12 months, as permitted in the correctional environment, and has received at least 12 continuous months of medically supervised hormone therapy appropriate to his/her gender goals (unless there was a medical contraindication to this therapy);
  - 7) The patient is in significant distress due to lack of reasonable response to available nonsurgical treatment of gender dysphoria. The patient's gender dysphoria symptoms cannot be attributed to the conditions of confinement, mental illness or any other factor; and there are no available, additional treatments other than Surgery that are likely to improve or alleviate the patient's symptoms.
  - 8) The patient has been provided with necessary and relevant information to enable him/her to understand that his/her environment will be evaluated after Surgery and any new environment may be unfamiliar and pose significant adaptive challenges. The patient understands that appropriate post-operative placement will be reviewed on a case-by-case basis by CDCR custody staff.
  - 9) The patient can be expected to successfully and safely transfer and adjust medically and psychologically to confinement postoperatively.
  - 10) There is no evidence suggestive of any external coercion or predation and the desire for Surgery is freely given by the patient.
  - 11) Any other information available which may be relevant to their discussion or determination.
- c. The findings of the Committee will be based on a majority vote of the members and forwarded to SMART. The report to SMART shall detail in writing the committee's findings.



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#### 5. Final Review Process

##### a. SMART Review of the Committee Recommendations.

SMART shall meet to consider the report of the findings of the Committee and any other factors or information relevant to their determination. In reviewing the report, findings, and the recommendation from the Committee, SMART shall afford great weight to the decision of the Committee and shall only reverse the decision of that body when they find that:

- 1) In reviewing the Guideline standards for the requested procedure, there is no substantial evidence to support the decision of the Committee under those Guidelines; or
- 2) The Committee based their decision on erroneous facts; or
- 3) The Committee failed to consider significant relevant information bearing on the case in reaching their decision, or new evidence from credible and reliable source(s) has come to the attention of SMART which was not available to the Committee at the time of their decision.

In the situations under subparagraph 5.a.3) above, SMART shall refer the matter back to the Committee along with the new evidence, or the evidence SMART believes was not considered by the Committee in their prior decision, for further deliberation and for an updated recommendation from the Committee thereafter.

##### b. SMART Approval or Disapproval of the Committee Submissions.

For each case submitted by the Committee under these Guidelines to SMART, the SMART shall:

- 1) Approve the recommended action by the Committee and, if the Committee recommendation is to approve a surgical procedure, refer the patient to a contracted gender affirming surgeon to perform a pre-surgical assessment and perform the surgical operation approved; or
- 2) Not approve the recommended action of the Committee and the underlying request, stating with specificity the reasons for their action, consistent with the requirements of paragraph 5.a. above.

##### c. In cases where SMART disagrees with an approved recommendation from the Committee, creating contrary conclusions and results between the two bodies, the materials pertinent to the Request for Surgery, including the Committee package submitted to SMART and the SMART written decision, shall be automatically submitted to the Statewide Chief Medical Executive, or designee, for Executive Review and resolution of the discrepancy between the decisions of the Committee and SMART. The Statewide Chief Medical Executive, or designee's, decision shall be final.

- 1) The final decision shall be communicated to the patient in writing within five business days.
- 2) Patients who are not approved for Surgery may submit a new request for Surgery no sooner than one year after issuance of a letter disapproving the request.



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#### ATTACHMENT 1a – Initial Request for Surgery

#### CASE MATERIALS TO BE SUBMITTED TO INSTITUTIONAL LEVELS OF REVIEW AND TO SMART FOR SURGERY CONSIDERATION

Institution staff shall prepare the following items for submission to the institutional second level of review of a request for consideration of Surgery:

- A. Complete medical history, including a breast and genital exam within the past year, Body Mass Index (BMI), and identification of serious or poorly controlled medical conditions.
- B. Complete history of medical therapy for gender dysphoria including indicated laboratory monitoring. The institution may note that the patient has not achieved 12 continuous months of hormone medication.
- C. Complete psychological history of gender dysphoria including criteria used for diagnosis and patient's experience with desired gender role inside and outside prison.
- D. Full assessment of psychiatric comorbidities and their current status/stability including:
  - 1. Gender dysphoria assessment. Most recent mental health evaluation of the patient's overall mental health status with respect to symptoms related to gender dysphoria.
  - 2. Any history of self-injurious and suicidal behaviors, especially within the previous 12 months.
  - 3. Evaluation to rule out malingering, if appropriate.
  - 4. Evaluation of decision-making capacity, if indicated.
  - 5. Discharge summary from most recent Mental Health Crisis Bed (MHCB) or Department of State Hospitals (DSH)/Psychiatric Inpatient Program (PIP) admissions, if applicable.
  - 6. Most recent Treatment Plan, if patient is included in the Mental Health Services Delivery System (MHSDS).
- E. A report of the patient's adherence with prescribed mental health therapies including diagnostic tests, medications, etc., and the patient's ability to interact productively with providers by attending appointments and cooperating with providers during visits.
- F. Personal background. A summary of the patient's upbringing from presentence report, diagnostic work-ups and other clinical materials with any information regarding issues concerning gender identification.



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#### ATTACHMENT 1b – Re-referral for Surgery

#### CASE MATERIALS TO BE SUBMITTED TO INSTITUTIONAL LEVELS OF REVIEW AND TO SMART FOR SURGERY CONSIDERATION

Institution staff shall prepare the following items for submission to the institutional second level of review of a request for consideration of Surgery:

- A. A copy of the previous submittal (see Attachment 1a) which will be utilized by the Committee to review historical information that may not have changed in the interim, such as family history, developmental history or upbringing, past history regarding the patient's transgender life prior to incarceration, and the establishment of the gender dysphoria diagnosis/condition.
- B. An updated report identifying any serious or poorly controlled medical conditions.
- C. An updated report of medical therapy for gender dysphoria including indicated laboratory monitoring. The institution may note that the patient has not achieved 12 continuous months of hormone medication.
- D. An updated report of the patient's adherence with prescribed medical therapies, diagnostic tests, appointments, etc., and patient's ability to interact productively with providers by attending appointments and cooperating with providers during visits. The assessment should include all relevant information including attendance and details regarding individual appointments, group appointments, other group activities, and educational and work activities.
- E. A full written assessment of psychiatric comorbidities and their current status/stability including:
  - 1. Gender dysphoria assessment. Most recent mental health evaluation of the patient's overall mental health status with respect to symptoms related to gender dysphoria.
  - 2. An updated history of self-injurious and suicidal behaviors.
  - 3. An updated history of substance use disorder behaviors.
  - 4. Any concerns regarding malingering or coercion.
  - 5. Evaluation of decision-making capacity, if indicated.
  - 6. Discharge summary from most recent MHCB or DSH/PIP admissions, if applicable.
  - 7. Most recent Treatment Plan or summaries of treatment team goal(s) and progress toward those goal(s), if the patient is included in the MHSDS.



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**ATTACHMENT 2 – Gender Affirming Surgery Request Checklist**

CDCR Number:  Institution:

Patient Name:   
(Last Name, First Name, Preferred Name)

☐ Required Attendees:

Primary Care Provider:

Primary Clinician (MH):

Author of MH Evaluation:

☐ Optional Attendees:

Primary Care Team:   
(Last Name, First Name, Classification)

CME/CP&S:   
(Last Name, First Name)

Other (include prior care team members if patient recently transferred):   
(Last Name, First Name, Classification)

☐ Request for Services (RFS), CDC 7243

☐ Medical Evaluation (Refer to Attachment 1)

☐ Mental Health Evaluation (Refer to Attachment 1)

Checklist Reviewed by: \_\_\_\_\_  
(Last Name, First Name, Classification) (Signature)

Date: \_\_\_\_\_



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**ATTACHMENT 3**

Surgical procedures which may be authorized for CCHCS/DHCS patients requesting Gender Affirming Surgery.

Male to Female (transgender woman):

Vaginoplasty  
Orchiectomy  
Penectomy  
Clitoroplasty  
Labiaplasty  
Vulvoplasty

Female to Male (transgender man):

Vaginectomy  
Hysterectomy  
Salpingo-oophorectomy  
Metoidioplasty  
Phalloplasty  
Urethroplasty  
Scrotoplasty  
Placement of testicular prostheses  
Mastectomy and reduction mammoplasty